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*Effective on 12/08/2004.*  
*Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).*

# **FEETRANSMITTAL**

## **For FY 2007**

<p>Effective on 12/05/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</p> <p><b>FEE TRANSMITTAL</b> <b>For FY 2007</b></p>		<p><b>Complete if Known</b></p>	
		Application Number	10/817,102-Conf. #3947
		Filing Date	April 1, 2004
		First Named Inventor	Page W. Caufield
		Examiner Name	Sarae L. Bausch
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	1634
<b>TOTAL AMOUNT OF PAYMENT</b>		(\$)	60.00
		Attorney Docket No.	05986/100M320-US1

**METHOD OF PAYMENT** (check all that apply)

<input type="checkbox"/> Check	<input checked="" type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input type="checkbox"/> Deposit Account		<input type="checkbox"/> Deposit Account Number: <b>04-0100</b>		Deposit Account Name: <b>Darby &amp; Darby P.C.</b>

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below       Charge fee(s) indicated below, except for the filing fee  
 Charge any additional fee(s) or underpayments of fee(s), under 37 CFR 1.16 and 1.17       Credit any overpayments

## **FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fees Paid (\$)</u>
	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

## 2. EXCESS CLAIM FEES

**Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

### Multiple dependent claims

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>
33	- 36 = 0	x 25.00	= 0.00	
HP = highest number of total claims paid for, if greater than 20.				
<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Fee (\$)</u>
5	- 5 = 0	x 100.00	= 0.00	
HP = highest number of independent claims paid for, if greater than 3.				

### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

**Total Sheets**      **Extra Sheets**      **Number of each additional 50 or fraction thereof**      **Fee (\$)**      **Fee Paid (\$)**  
\_\_\_\_\_ - 100 = \_\_\_\_\_ /50 \_\_\_\_\_ (round up to a whole number) x \_\_\_\_\_ = \_\_\_\_\_

**4. OTHER FEE(S)**

Non-English Specification: \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 2251 Extension for response within first month

SUBMITTED BY		Registration No. (Attorney/Agent)	Telephone
Signature		54,781	(212) 527-7700
Name (Print/Type)	Jason C. Chumney	Date	February 12, 2007

Express Mail Label No. \_\_\_\_\_ Dated: \_\_\_\_\_